

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90011 009 \*\*\*150.00

DOCUMENT # 835904

1. Corporation Name  
PEEK TRAFFIC, INC.

Principal Place of Business  
1500 N. WASHINGTON BLVD.  
SARASOTA FL 34236

Mailing Address  
1500 N. WASHINGTON BLVD.  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1976

4. FEI Number

59-1663759

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAVAWALLA, JUDY  
2701 NORTH ROCKY POINT DRIVE  
SUITE 930  
TAMPA FL 33607

81 Name  
Scott Rupprecht

82 Street Address (P.O. Box Number is Not Acceptable)  
3000 Commonwealth Blvd.

83

84 City Tallahassee

FL

85 Zip Code  
32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]* Controller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE GM ☐ DELETE  
NAME KEEN, PETER L  
STREET ADDRESS 1500 N WASHINGTON BLVD  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME A.G. Kellett  
1.3 STREET ADDRESS 1500 N. Washington Blvd.  
1.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE D ☒ DELETE  
NAME TAVAWALLA, JUDY  
STREET ADDRESS 2701 NORTH ROCKY POINT DRIVE, SUITE 930  
CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Richard Kearns  
2.3 STREET ADDRESS 1500 N. Washington Blvd.  
2.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME Scott Rupprecht  
3.3 STREET ADDRESS 3000 Commonwealth Blvd.  
3.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRES

3/24/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)